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COMMISSION OF THE EUROPEAN COMMUNITIES

Brussels,  
C(2008) XXX final

Draft

**COMMISSION DECISION**

**of [...]**

**on the financing of humanitarian operations from the general budget of the European  
Communities in Ethiopia  
(ECHO/ETH/BUD/2008/01000)**

Draft

## COMMISSION DECISION

of

### **on the financing of humanitarian operations from the general budget of the European Communities in Ethiopia (ECHO/ETH/BUD/2008/01000)**

THE COMMISSION OF THE EUROPEAN COMMUNITIES,

Having regard to the Treaty establishing the European Community,

Having regard to Council Regulation (EC) No.1257/96 of 20 June 1996 concerning humanitarian aid<sup>1</sup>, and in particular Articles 2, 4 and 15(2) thereof,

Whereas:

- (1) A multi-sector response in order to provide humanitarian assistance in different sectors, including health, water and sanitation, protection, support to refugees and Internally Displaced Persons (IDP) is necessary to minimize the levels of suffering of the most vulnerable people of Ethiopia;
- (2) An assessment of the humanitarian situation leads to the conclusion that humanitarian aid operations should be financed by the Community for a period of 15 months;
- (3) In order to maximise the impact of humanitarian aid for the victims, it is necessary to maintain a technical assistance capacity in the field;
- (4) It is estimated that an amount of EUR 4,000,000 from budget line 23 02 01 of the general budget of the European Communities is necessary to provide humanitarian assistance to over 500,000 persons, taking into account the available budget, other donors' contributions and other factors;
- (5) The present Decision constitutes a financing Decision within the meaning of Article 75 of the Financial Regulation (EC, Euratom) No 1605/2002<sup>2</sup>, Article 90 of the detailed rules for the implementation of the Financial Regulation determined by Regulation (EC, Euratom) No 2342/2002<sup>3</sup>, and Article 15 of the internal rules on the implementation of the general budget of the European Communities<sup>4</sup>;
- (6) In accordance with Article 17 (3) of Regulation (EC) No.1257/96, the Humanitarian Aid Committee gave a favourable opinion on 9 June 2008.

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<sup>1</sup> I- OJ L 163, 2.7.1996, p. 1-6. Regulation as amended by Regulation (EC) n° 1882/2003 (OJ L284, 31.10.2003, p. 1)

<sup>2</sup> 2- OJ L 248, 16.9.2002, p.1. Regulation as last amended by Regulation (EC, Euratom) No 1995/2006, OJ L 390, 30.12.2006, p.1 and by Regulation (EC, Euratom) No 1525/2007 of 17 December 2007, OJ L 343 of 27.12.2007, p. 9

<sup>3</sup> 3-OJ L 357, 31.12.2002, , p.1 Regulation as last amended by Commission Regulation (EC Euratom) No. 478/2007, OJ L 111 of 28.4.2007, P. 13

<sup>4</sup> 4- Commission Decision of 5.3.2008, C/2008/773

HAS DECIDED AS FOLLOWS:

*Article 1*

1. In accordance with the objectives and general principles of humanitarian aid, the Commission hereby approves a total amount of EUR 4,000,000 for humanitarian aid operations to save and preserve the lives of the most vulnerable people of Ethiopia affected by conflicts and climatic as well as public health hazards by using line 23 02 01 of the 2008 general budget of the European Communities.
2. In accordance with Articles 2 and 4 of Council Regulation No.1257/96, the humanitarian operations shall be implemented in the pursuance of the following specific objectives:
  - To relieve human suffering caused by natural and man-made disasters through the provision of humanitarian assistance in different sectors, including health, water and sanitation, protection, support to refugees and Internally Displaced Persons (IDP)
  - To maintain a technical assistance capacity in the field, in order to assess needs, appraise project proposals and co-ordinate and monitor the implementation of operations

The amounts allocated to each of these specific objectives are listed in the annex to this Decision.

*Article 2*

1. The duration for the implementation of this Decision shall be for a maximum period of 15 months, starting on 1 June 2008.
2. Expenditure under this Decision shall be eligible from 1 June 2008.
3. If the operations envisaged in this Decision are suspended owing to *force majeure* or comparable circumstances, the period of suspension shall not be taken into account for the calculation of the duration of the implementation of this Decision.

*Article 3*

1. The Commission shall implement the budget by direct centralised management or by joint management with international organisations.
2. The actions supported by this Decision will be implemented by humanitarian aid organisations that are signatories to the Framework Partnership Agreements (FPA) or the EC/UN Financial Administrative Framework Agreement (FAFA).
3. Taking account of the specificities of humanitarian aid, the nature of the activities to be undertaken, the specific location constraints and the level of urgency, the activities covered by this Decision may be financed in full in accordance with Article 253 of the Implementing Rules of the Financial Regulation.

*Article 4*

This Decision will take effect on the date of its adoption.

Done at Brussels,

*For the Commission*

*Member of the Commission*

## ANNEX

### Breakdown of allocations by specific objectives

<b>Principal objective:</b> To save and preserve the lives of the most vulnerable people of Ethiopia affected by conflicts and climatic as well as public health hazards	
<b>Specific objectives</b>	<b>Amount per specific objective (EUR)</b>
To relieve human suffering caused by natural and man-made disasters through the provision of humanitarian assistance in different sectors, including health, water and sanitation, protection, support to refugees and Internally Displaced Persons (IDP)	3,800,000
To maintain a technical assistance capacity in the field, in order to assess needs, appraise project proposals and co-ordinate and monitor the implementation of operations	200,000
<b>TOTAL</b>	<b>4,000,000</b>



**Humanitarian Aid Decision  
23 02 01**

**Title: Humanitarian aid to save and preserve the lives of the most vulnerable people of Ethiopia affected by conflicts and climatic as well as public health hazards**

**Location of operation: Ethiopia**

**Amount of Decision: EUR 4,000,000**

**Decision reference number: ECHO/ETH/BUD/2008/01000**

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**Explanatory Memorandum**

**1 – Rationale, needs and target population**

**1.1. - Rationale**

Poverty is widespread and deeply rooted in Ethiopia. According to the World Development Report 2007/2008, the share of the population living under the poverty line in the country is 44.2%, one of the highest in Sub Saharan Africa. About 23% of the population lives on less than USD 1 per day and 77.8% with less than USD 2 per day. The same report indicates that Ethiopia is 169<sup>th</sup> in the human development index ranking out of 177 countries. Infant mortality rate is 80 per 1000 live births for the poorest 20% of the population and the under-five children mortality rate is 130 per 1,000 live births for the poorest 20% of the population. Life expectancy at birth is 50.7 years. According to the 2005 Ethiopian Demographic and Health Survey<sup>5</sup>, 47% of under five children are stunted and 24% are severely stunted. There are 11% wasted and 2% severely wasted children. In addition, 38% of children are underweight and 11% are severely under weight.

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<sup>5</sup> CSA; *Ethiopia Demographic and Health Survey 2005*, September 2006

In 2005, the Ethiopian population was believed to be 79,000,000 and is expected to reach 183,000,000 in 2050, according to the UN Department of Economic and Social Affairs<sup>6</sup>. There is a structural food deficit problem in the country as a result of an annual population growth rate of 2.8%<sup>7</sup> and insufficient agricultural production to meet the ever increasing demand.

Endemic food insecurity problems in the country are mainly due to recurrent droughts, floods, rapidly growing population, poor technology and lack of or, at best, poor quality infrastructure. Although for the last four years agricultural production has shown stable growth and, particularly 2007, has shown a record high in production, the food insecurity situation remains a concern as available food is not accessible to many people in pockets of the country. The weather situation can also seriously affect the next production season and food production levels of the country as the agricultural sector is highly dependent on rain-fed agriculture.

Price hikes have prevented the poor, who are dwelling both in rural and urban areas, from accessing food. The price hike particularly affected those who depend on the market to get their food. In 2007, for example, the wholesale prices, in Addis Ababa, of mixed-teff, white wheat and white maize showed an increase of 66%, 80% and 97% respectively<sup>8</sup>. According to the National Bank of Ethiopia, national food inflation increased to 21% in October 2007<sup>9</sup>.

In February 2008, the Government has been in the process of releasing the 2008 humanitarian aid requirement for the non-Productive Safety Net Programme (PSNP) Woredas. The overall beneficiaries identified at national level are 952,503<sup>10</sup>. This figure is the final figure that has been endorsed by the National Committee of Disaster Prevention and Preparedness.

#### *Beneficiaries by Region*

Region	Beneficiaries	Remark
Amhara	7,900	Includes Metema and Kuwt
Benesahngul Gumuz	10,700	
Southern Nations, Nationalities, and People's Region (SNNPR)	13,750	
Gambella	66,500	
Oromya	181,590	
Somali Regional State (SRS)	672,063	Four Woredas in Afder and Liben zones that are expected to be covered by PSNP are not included.
Total	952,503	

According to the Government's programme, in the case of Regional States' with no relief programmes like Tigray, Afar, Dire Dawa, Harari and most parts of Amhara, emergency needs are to be covered from contingency resources of the PSNP. In the case of Regional

<sup>6</sup> Population Division of the Department of Economic and Social Affairs of the United Nations Secretariat; *World Population Prospects: The 2006 Revision and World Urbanization Prospects: The 2005 Revision*

<sup>7</sup> UNDP; *Human Development Report 2007/2008 -fighting Climatic Change: Human Solidarity in a Divided World; 2007*

<sup>8</sup> FEWS NET; *Ethiopia Food Security Update November 2007*, 12 December 2007

<sup>9</sup> NBE; *The Monthly Macroeconomic Indicators for the Month of October, 2007*

<sup>10</sup> The figure (i.e., 952,503) refers only to beneficiaries in the non PSNP Woredas.



States' with PSNP as well as non-PSNP Woredas, the emergency needs for the PSNP Woredas are to be covered from the PSNP contingency financing whereas non-PSNP Woredas are to be covered by relief programmes.

In spite of the fact that the country is enjoying the fourth consecutive bumper harvest in 2007, as has been mentioned above, this success was particularly obtained in the highland parts, the lowland areas that are mainly inhabited by pastoralists and agro-pastoralists did experience a contrasting phenomenon. Inadequate rainfall during *Haggaya* period (September to November) has caused total production failure in Borena, and the pasture and water availability in some parts of Borena and Afar is reported to be very poor<sup>11</sup>. In an exhaustive small scale nutrition survey<sup>12</sup> conducted in the third quarter of 2007, a Global Acute Malnutrition (GAM) rate of 13.5% (8.4% - 18.7%) was reported among pastoralists settled in Dire Woreda, Borena Zone. Water scarcity, poor pasture and deteriorating livestock-crop terms of trade are the major concerns. According to a recently issued "Food Security Flash" based on the *dyer/karan* period assessment<sup>13</sup>, about 41% (i.e., 1,587,967 people) of the rural population of SRS require either direct food assistance (745,377 people)<sup>14</sup> or livelihood protection (842,590 people).

According to UNICEF, water and sanitation coverage in Ethiopia is one of the lowest in the world. Official figures estimate that only 31% of the households have access to safe water and 18% to sanitation facilities. Frequent outbreaks of Acute Watery Diarrhoea (AWD) are perfect examples of the overly poor safe water access and sanitation practices. With the upsurge of the AWD epidemic in the country at one time and subsiding at other times, this seems to have become endemic in the country. During the first half of 2007, there has been AWD reported in the range of 10,000 to 16,000 cases<sup>15</sup> in Arsi and West Arsi Zones of Oromya Region. Likewise in Amhara, North Gonder Zone and in SNNPR Sidama Zone there were reported cases of 5,000 to 10,000<sup>16</sup> people.

According to the Ethiopia roll back malaria consultative mission 2004, it is estimated that the annual number of malaria cases is approximately 4,000,000-5,000,000. The number of malaria induced deaths is 70,000. Malaria is one of the leading causes of morbidity and mortality in Ethiopia. Three quarters of the land mass (altitude < 2000 m) is regarded as malaria affected and it is estimated that 68% of the population lives in these areas (more than 46,000,000 people). Despite the pervasive nest of malaria in the country, the use of treated bed nets is at its minimum.

According to UNICEF, in Ethiopia the leading causes of death in children under five are pneumonia (22%), diarrhoea (17%) and malaria (6%). The use of oral dehydration therapy is much lower than in other poor countries, which largely explains the high level of mortality due to diarrhoea.

As elaborated earlier, the major humanitarian needs that have been identified cannot be fully covered by this programme. Not only droughts, floods, locust infestation and epidemics, but also ethnic conflicts within and outside the country (Somalia) have generated major

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<sup>11</sup> CARE; *Food and Livelihood Security Update for the Month of November and December 2007*.

<sup>12</sup> DPPA (ENCU); *Emergency Nutrition Quarterly Bulletin – third quarter 2007*.

<sup>13</sup> SRS DPPB; *Food Security Flash – Pastoral Livelihood Initiative – Early Warning Project*; December 2007

<sup>14</sup> The estimate of the beneficiary population is usually higher at regional level and lesser when officially endorsed by the Federal GoE. That is the reason for different values presented here at Federal and Regional level

<sup>15</sup> OCHA; *Acute Watery Diarrhoea (AWD) Number of Cases at Zonal Level (Map)*; 5 February 2007

<sup>16</sup> *Ibid*

humanitarian needs for the most vulnerable part of the population in different areas of Ethiopia. The escalating Ethiopia-Eritrea border conflict rhetoric is also of concern that likely turn into a full scale confrontation with the potential of inducing large scale humanitarian suffering. The recent fuel and food supply cut off from the Eritrean side of the United Nations Missions in Ethiopia and Eritrea (UNMEE) is a worrying sign of frustration short of fiery clashes.

Ethiopia is one of the countries highly dependent on international aid and the international community has made efforts to support sustainable development in the country. The Commission aims to implement actions based on responses to current emergency situations and co-ordinate with the long term development actors. This is done in the framework of the government sector and global policies. Linking Relief, Rehabilitation and Development (LRRD) approach, synergies will be promoted with the EC Delegation and / or other development donors so that a continuation and consolidation of the achieved results through the provision of humanitarian aid could be ensured. For instance, food security interventions run by the EC Delegation have been closely coordinated with DG ECHO-funded interventions implemented by *Action Against Hunger* and *Cooperazione Internazionale*. It is worth noting that the 10<sup>th</sup> EDF foresees an A-envelope of EUR 644,000,000 for Ethiopia, of which an important part would be allocated to the improvement of the long-term food security situation of the country. In this respect, a strong linkage with the Productive Safety Nets Programme (PSNP) supported by the EC Delegation will be ensured in order to avoid overlapping and strengthening complementarities. Moreover, always in the framework of the 10<sup>th</sup> EDF, an amount of EUR 30,000,000 is foreseen for the B-envelope, of which 25% could be used for humanitarian purposes.

From the humanitarian side, managed by DG ECHO<sup>17</sup>, this Decision will be further supplemented by the Food Aid Decision and the Regional Drought Decision (RDD)<sup>18</sup>, adopted in 2008 by the EC. A few details are given below:

- Nutrition and food aid, as well as emergency food security related interventions, will receive EUR 10,000,000 in the framework of the ongoing global 2008 first Food Aid Decision, with a focus on pastoral areas.
- For pastoralists living in the vast lowland areas of the Greater Horn and suffering from consecutive droughts as a result of loss of livelihoods and assets, the regional drought response programme envisages to build up their resilience to shocks. A RDD of EUR 30,000,000 has been adopted in 2008 to support the programme in the Greater Horn of Africa. Ethiopia is expected to benefit from the funds made available, to support water and sanitation – as well as livestock support – interventions. However, it has to be noted that the water and sanitation interventions funded under the RDD will contribute to alleviate the impact of recurrent drought cycles through structured preparedness activities, whilst the activities supported by the present decision will aim to respond to the ongoing crisis, by improving access to safe water in order to reduce morbidity and mortality caused by water born diseases.

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<sup>17</sup> Directorate General for Humanitarian Aid - ECHO

<sup>18</sup> ECHO/-FA/BUD/2008/01000 and ECHO/-HF/BUD/2008/01000

## 1.2. - Identified needs

### **Health**

#### Primary health care

Ethiopia has a very low health service coverage. According to the World Health Organization (WHO), immunization coverage among one-year-old children for measles and DPT3 are 71% and 80% respectively. The same source shows that the birth attended by skilled health personnel is 6%. The density of physician to patient is 0.03, nurse to patient is 0.21 per 1,000 people and midwife to patient is 0.01 per 1,000.

As a consequence, Ethiopia's life expectancy at birth is 50.7<sup>19</sup> years. Infant mortality in the country stands at 110/1000 live births. Ethiopia also has a very high maternal mortality rate which stands at 850/100,000 births.

Whereas insecurity, staff and/or facility or drug shortages are some of the factors contributing to the poor health status in Ethiopia, the per capita health expenditure of the country was USD 21<sup>20</sup> in 2004 (which is about 2.7% of the Gross Domestic Product).

#### Epidemic outbreaks

One of the basic reasons for easy disease outbreaks that have been affecting the different parts of the country and claiming human lives is the very low immunization coverage and poor sanitary situation in general. As the expansion of endemic malaria areas is evolving year after year, the potential amount of the population at risk, notably with primo-infections, is also increasing. With the average temperature increase across the country in general, the mid-lands are becoming endemic areas. The coverage of the malaria programme is much behind the demand for prevention and treatment.

Authorities have announced that AWD has been controlled in the country. However, new cases have been reported in some parts of Somali Regional State (SRS). Meningitis has been spreading in 16 Woredas in Oromiya, SNNP and Afar regions. Cases of measles were reported in SRS. The Federal Ministry of Health (FMoH), UNICEF and WHO have been undertaking measles immunization campaigns since early February, reaching to 720,000 children between 6 and 59 months.

### **Water and sanitation**

In the low land areas of Oromya particularly in Borena, Guji, Bale, Arsi, East and West Haraghe Zones water scarcity is at its highest as a consequence of Genna (March to May) and Haggaya (September to November) rain failures. In SRS, particularly in the five zones under military operation - Degehabur, Fik, Korahe, Warder and Gode -, as the dry season progresses the problem of water availability has grown and water for human as well as livestock consumption has become scarce<sup>21</sup>.

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<sup>19</sup> UNDP, *Human Development Report 2007/2008 fighting Climatic Change: Human Solidarity in a Divided World*; 2007

<sup>20</sup> *Ibid*

<sup>21</sup> OCHA; *Focus on Ethiopia*; January 2008

AWD (cholera) has become endemic and cyclical. New outbreak possibilities remain high and are anticipated to coincide with the onset of the short rainy season (February to March) in the highlands of Ethiopia. Therefore, sustaining provision of emergency water treatment solutions together with the quick dissemination of clear, straightforward hygiene promotion messages would help to contain the spread of the disease. In fact, the short term emergency operations should be followed up by improved access to safe water, sanitation facilities and hygiene practices. At community level, the need for operation and maintenance systems needs to be improved.

## **Protection**

Internal tensions entrenched in Ogaden have escalated after the Chinese oil workers along with some nationals were killed and kidnapped by the Ogaden National Liberation Front (ONLF) in April 2007. In other regions (Oromya, Amhara, Tigray, Beneshangul Gumuz, Gambella), internal tensions combined with sporadic confrontations have been reported. In the recent past there have been occasional clashes based on ethnicity and religious affiliations in various parts of the country. This volatile political, ethnic situation is fuelling resource-based conflicts (inter-clan and/or cross border), which have been on the rise in the pastoralist areas of Ethiopia, Kenya and Somalia as a consequence of the past drought and losses in livestock and difficult access to pasture and water.

The presence of the Ethiopian Armed Forces in Somalia has further aggravated the deterioration of the security situation within the country. The border issues between Ethiopia and Eritrea remain unsolved, leading to increased tension, in turn, stimulating conflict.

## **Refugees and IDP**

Large numbers of Somali, Eritrean and Sudanese refugees are present in the country. An increased influx of Somali refugees in 2007 has been reported in the eastern part of the country. New arrivals of Eritrean refugees are reported by aid agencies in the North. Voluntary repatriation of Sudanese refugees is going on in the West of the country. An increasing number of IDP because of insecurity, drought and other external hazards also requires assistance. In view of early migration from pastoralist areas suffering from rain failure, movements of people going further than usual are expected.

Cyclical natural events like droughts and floods can cause a swift disaster for humans and animals. The lessons learned in 2007 indicate that the country has to develop a national rapid response capacity, should there be any similar situation in 2008. In the short run, in case of a re-emergence of critical humanitarian needs within vulnerable population groups, basic Non-Food Items (NFI), sheltering, water provision and medical support will have to be rapidly brought to the displaced communities.

### **1.3. - Target population and regions concerned**

Nationwide, approximately 500,000 people out of the affected population will benefit from this Decision. The priority areas will be marginalized and areas without resources where the needs are not met by government institutions or other aid agencies concerned. The main regions to be addressed by this allocation are SRS, Oromya (particularly the southern part), Gambella, Afar and SNNPR.

#### 1.4. - Risk assessment and possible constraints

There are early warning reports of International NGO and UN agencies that the situation in southern Oromya and SRS could give rise to a severe humanitarian crisis. In case of aggravation, at this stage, it is not possible to rule out possible additional funding requirements to overcome the grim humanitarian prospects.

As a consequence of the spreading conflict in Ogaden - in SRS - and the ongoing military operation by the Ethiopian Defence Forces, access to humanitarian agencies, including the UN, international and local NGOs and the donor community, has become a challenge and may hamper the implementation of humanitarian operations.

Since June 2007, the government of Ethiopia has launched military operations in five zones of SRS. After the launch, access is highly restricted and NGOs need a special license to be able to operate in the five zones. The security situation has been deteriorating and events of clashes between the Ethiopian Defence Force and the rebels were reported. Neither is it possible for NGOs to work in the Ogaden unless they have a specialized license from DPPA, which can be withdrawn unforeseeably at any time. As a consequence, in 2007, operations of some aid agencies were halted, with many having been reinstated later. Some other agencies have been forced to withdraw from the area, including the ICRC.

In Gambella region, the unsettled situation and unresolved issues between the various communities living in the region, exacerbated by the presence of government armed forces, led to an extremely volatile situation. Any spark could ignite an outburst of violence, depriving access by humanitarian actors and possibly require withdrawal from the zone for safety reasons. The same situation is being found, though to a lesser extent, in other parts of the country (e.g. Oromya and SNNPR).

In general, the situation in the country is precarious and implies the risk of incapacity of humanitarian actors to fulfil their commitment.

## **2 - Objectives and components of the humanitarian intervention proposed**

### 2.1. - Objectives:

#### **Principal objective:**

- To save and preserve the lives of the most vulnerable people of Ethiopia affected by conflicts and climatic as well as public health hazards

#### **Specific objectives:**

- To relieve human suffering caused by natural and man-made disasters through the provision of humanitarian assistance in different sectors, including health, water and sanitation, protection, support to refugees and Internally Displaced Persons (IDP)

- To maintain a technical assistance capacity in the field, in order to assess needs, appraise project proposals and coordinate and monitor the implementation of operations

## 2.2. - Components

A multi-sector approach is essential in order to efficiently and successfully mitigate current humanitarian crises and enhance resilience to health threats, climatic hazards and conflicts. In line with that, the response in the areas of health, water and sanitation, protection and refugees/IDP is prepared.

The Decision will be addressing the following:

### **Health**

- To build the capacities of the existing health services in order to appropriately respond to current emergencies and epidemic outbreaks by filling up gaps and providing most wanted inputs.
- To mainstream preventive as well as curative interventions against identified public health issues.

### **Water and Sanitation**

- To reduce the level of morbidity and mortality, particularly in risk areas prone to water born diseases, by improving access to safe water. Sanitation and hygiene practices will also be promoted.

### **Protection**

- To facilitate the visits to political/civil detainees and prisoners of war (POWs).
- To exchange messages for POWs.
- To raise awareness of international human rights law and sensitization for all parties to respect the same.
- To provide basic relief support to the populations affected by conflict following the changing political and conflict environment.

### **Support to refugees and IDP**

- To provide basic assistance, with activities such as provision of Non-Food Items (NFI), shelters, water and sanitation, medical care and repatriation services, to the large numbers of refugees and IDP in the country, especially in Gambella, Afar, Tigray, SRS and Oromya regions.

## Technical Assistance

In order to maximise the impact of the humanitarian aid for the victims, the Commission will maintain a DG ECHO support office located at Addis Abeba. The DG ECHO office in Addis Ababa, established in 2007, will be responsible for appraisals of project proposals, as well as co-ordination and monitoring of the implementation of humanitarian operations financed by the Commission. The office provides technical assistance required for the achievement of these tasks. A permanent presence of DG ECHO in Ethiopia is also justified by the growing importance of food aid and drought preparedness programmes, in addition to the increasing need to ensure a strong co-ordination with the EC Delegation, as well as other development actors, in the framework of the LRRD policy.

### 3 - Duration expected for actions in the proposed Decision

The duration for the implementation of this Decision shall be **15 months**. Partners have often to face, for different reasons, delays in the implementation of their interventions. Therefore, even if in most cases the humanitarian operations funded by this decision are to be implemented within a period of 12 months, a decision with a longer life-span will guarantee more flexibility in terms of implementation of projects.

Humanitarian operations funded by this Decision must be implemented within this period.

Expenditure under this Decision shall be eligible from 1 June 2008.

Start Date : **1 June 2008**.

If the implementation of the actions envisaged in this Decision is suspended due to *force majeure* or any comparable circumstance, the period of suspension will not be taken into account for the calculation of the duration of the humanitarian aid operations.

Depending on the evolution of the situation in the field, the Commission reserves the right to terminate the agreements signed with the implementing humanitarian organisations where the suspension of activities is for a period of more than one third of the total planned duration of the action. In this respect, the procedure established in the general conditions of the specific agreement will be applied.





## 5 - Overview of donors' contributions

Donors in ETHIOPIA the last 12 months					
1. EU Members States (*)		2. European Commission		3. Others (***)	
	EUR		EUR		EUR
Austria		DG ECHO (**)	21,428,571	USA	751,260
Belgium	500,000	Other services		CERF	3,735,396
Bulgaria				Norway	843,550
Cyprus					
Czech republic					
Denmark	603,757				
Estonia					
Finland	200,000				
France					
Germany	1,153,000				
Greece	150,000				
Hungary					
Ireland	1,200,000				
Italy	400,000				
Latvia					
Lithuania					
Luxemburg					
Malta					
Netherlands	4,740,507				
Poland					
Portugal					
Romania					
Slovakia					
Slovenia					
Spain					
Sweden	3,249,095				
United kingdom					
Subtotal	12,196,359	Subtotal	21,428,571	Subtotal	5,330,206
		Grand total	41,143,732		

Dated : 03 March 2008

(\*) Source: DG ECHO 14 Points reporting for Members States. <https://webgate.ec.europa.eu/hac>

(\*\*) It includes part of the global Food Aid Decision and part of the regional programmes

(\*\*\*) Source: Financial Tracking System 2007

Empty cells means either no information is available or no contribution.

**6 - Amount of Decision and distribution by specific objectives:**

6.1. - Total amount of the Decision: EUR 4,000,000

6.2. - Budget breakdown by specific objectives

<b>Principal objective:</b> <i>To save and preserve the life of the most vulnerable people of Ethiopia affected by conflicts and climatic as well as public health hazards</i>				
<b>Specific objectives</b>	<b>Allocated amount by specific objective (EUR)</b>	<b>Geographical area of operation</b>	<b>Activities</b>	<b>Potential partners<sup>22</sup></b>
Specific objective 1: To relieve human suffering caused by natural and man-made disasters through the provision of humanitarian assistance in different sectors, including health, water and sanitation, protection, support to refugees and Internally Displaced Persons (IDP)	3,800,000	Nationwide, with a focus on Somali, Oromya (particularly the southern part), Tigray, Gambella, Afar and SNNP regions	Health, water and sanitation, protection, support to refugees and IDP	- ACF - ADRA Deutschland - CARE – UK - FH/UK - GERMAN AGRO ACTION - GOAL - ICRC-CICR - IMC UK - IRC-UK - MDM - FRA - MERLIN - MSF-CH - MSF-H - OCHA - OXFAM GB - SC(UK) - UNHCR - WVN - ZOA
Specific objective 2: To maintain a technical assistance capacity in the field, in order to assess needs, appraise project proposals and coordinate and monitor the implementation of operations	200,000	Nationwide	Technical Assistance	
<b>TOTAL:</b>	<b>4,000,000</b>			

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ACTION CONTRE LA FAIM, (FR), ARTSEN ZONDER GRENZEN (NLD), Adventistische Entwicklungs- und Katastrophenhilfe e.V., CARE INTERNATIONAL UK , COMITE INTERNATIONAL DE LA CROIX-ROUGE (CICR), CONCERN WORLDWIDE, (IRL), DEUTSCHE WELTHUNGERHILFE / GERMAN AGRO ACTION, (DEU), FOOD FOR THE HUNGRY UK, GOAL, (IRL), International Medical Corps UK, International Rescue Committee UK, MEDECINS DU MONDE, MEDECINS SANS FRONTIERES - SUISSE (CH), MEDICAL EMERGENCY RELIEF INTERNATIONAL (GBR), OXFAM (GB), SOS-KINDERDORF INTERNATIONAL (AUT), Stichting World Vision Nederland, THE SAVE THE CHILDREN FUND (GBR), UNITED NATIONS HIGH COMMISSIONER FOR REFUGEES - BELGIUM, UNITED NATIONS, OFFICE FOR THE COORDINATION OF HUMANITARIAN AFFAIRS, ZOA-Vluchtelingen zorg

## 7 - Evaluation

Under article 18 of Council Regulation (EC) No.1257/96 of 20 June 1996 concerning humanitarian aid the Commission is required to "regularly assess humanitarian aid operations financed by the Community in order to establish whether they have achieved their objectives and to produce guidelines for improving the effectiveness of subsequent operations." These evaluations are structured and organised in overarching and cross-cutting issues forming part of DG ECHO's Annual Strategy such as child-related issues, the security of relief workers, respect for human rights, gender. Each year, an indicative Evaluation Programme is established after a consultative process. This programme is flexible and can be adapted to include evaluations not foreseen in the initial programme, in response to particular events or changing circumstances. More information can be obtained at:

[http://ec.europa.eu/echo/evaluation/index\\_en.htm](http://ec.europa.eu/echo/evaluation/index_en.htm).

## 8 - Budget Impact article 23 02 01

-	CE (EUR)
Initial Available Appropriations for 2008	486,095,000
Supplementary Budgets	-
Transfers	-
<b>Total Available Credits</b>	<b>486,095,000</b>
Total executed to date (3 March 2008)	336,300,000
Available remaining	149,795,000
<b>Total amount of the Decision</b>	<b>4,000,000</b>

## 9 - Management issues

Humanitarian aid actions funded by the Commission are implemented by NGOs, Specialised Agencies of the Member States, and the Red Cross organisations on the basis of Framework Partnership Agreements (FPA) and by United Nations agencies based on the EC/UN Financial and Administrative Framework Agreement (FAFA) in conformity with Article 163 of the Implementing Rules of the Financial Regulation. These Framework agreements define the criteria for attributing grant agreements and financing agreements in accordance with Article 90 of the Implementing Rules and may be found at [http://ec.europa.eu/echo/partners/index\\_en.htm](http://ec.europa.eu/echo/partners/index_en.htm).

Individual grants are awarded on the basis of the criteria enumerated in Article 7.2 of the Humanitarian Aid Regulation, such as the technical and financial capacity, readiness and experience, and results of previous interventions.